

AFT TERMINATION NOTICE

CUSTOMER INFORMATION

(PLEASE PRINT OR TYPE)

Date_____ Utility Account No. _____ - _____

Applicant's Name_____

Applicant's Address_____

I hereby authorize the Village of Wellington Utilities to withdraw my utility account from the AFT program. I know that this action has been taken when I no longer see the message on my utility bill stating that my account will be drafted.

CUSTOMER'S SIGNATURE_____DATE_____

****Although Click2Gov access will retain credit card payment information, it does not automatically process payments on a MONTHLY basis. Each month, the payment has to be entered by the customer.***